

## CLAIMS ONLY

Application Number

091955529

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3						
4		/				
5						
6		/				
7		/				
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45	/					
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48						
49						
50						
Total Indep	5					
Total Depend	31					
Total Claims	36					

\* May be used for additional claims or amendments

Indep	Depend	Indep	Depend	Indep	Depend
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100					
Total Indep					
Total Depend					
Total Claims					